

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number _____ OR Correspondence address below

Name Dr. Joseph Smith

Address 1921 So. Club Drive

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| City <u>Wellington</u> | State <u>FLA.</u> | ZIP <u>33414</u> |
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.

Dr. Joseph Smith

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

| | |
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| Given Name (first and middle [if any]) <u>Dr. Joseph A.</u> | Family Name or Surname <u>Smith</u> |
|--|--|

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|---|---------------------|
| Inventor's Signature <u>Dr. Joseph Smith</u> | Date <u>6-22-03</u> |
|---|---------------------|

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| Residence: City <u>Wellington</u> | State <u>FLA</u> | Country <u>US</u> | Citizenship <u>US</u> |
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NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

| | |
|---|---------------------------|
| Given Name (first and middle [if any]) | Family Name or Surname |
|---|---------------------------|

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|-------------------------|------|
| Inventor's Signature | Date |
|-------------------------|------|

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|-----------------|-------|---------|-------------|
| Residence: City | State | Country | Citizenship |
|-----------------|-------|---------|-------------|

Mailing Address

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|------|-------|-----|---------|
| City | State | ZIP | Country |
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Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.